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PATENT

IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

I hereby certify that this correspondence is being deposited with the U.S. Postal Service as first class mail in an envelope addressed to Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450 on June 29, 2005.

Renne M.F. Wyzykowski
Renne M.F. Wyzykowski

Appl No. : 10/066,982
Applicant : Norm Hendrickson
Filed : February 1, 2002
Title : RZ RECOVERY

Confirmation No. 4215

TC/A.U. : 2637
Examiner : Jacob M. Meek

Docket No. : 41768/DMC/V165
Customer No. : 23363

AMENDMENT

Mail Stop Amendment
Commissioner for Patents
P.O. Box 1450
Alexandria, VA 22313-1450

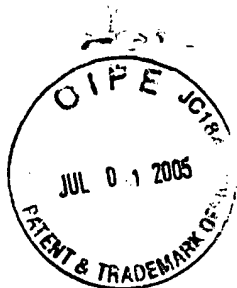
Post Office Box 7068
Pasadena, CA 91109-7068
June 29, 2005

Commissioner:

In response to the Office action of April 6, 2005, please amend the above-identified application as follows:

Amendments to the Claims are reflected in the listing of claims which begins on page 2 of this paper.

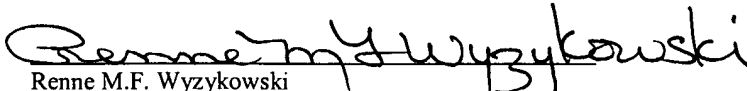
Remarks/Arguments begin on page 12 of this paper.



PATENT

**IN THE UNITED STATES PATENT AND TRADEMARK OFFICE
AMENDMENT TRANSMITTAL LETTER**

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Renne M.F. Wyzykowski

Confirmation No. 4215

Applicant : Norm Hendrickson
Application No. : 10/066,982
Filed : February 1, 2002
Title : RZ RECOVERY
Grp./Div. : 2637
Examiner : Jacob M. Meek
Customer No. : 23363
Docket No. : 41768/DMC/V165

Mail Stop AMENDMENT
Commissioner for Patents
P.O. Box 1450
Alexandria, VA 22313-1450

Post Office Box 7068
Pasadena, CA 91109-7068
June 29, 2005

Commissioner:

Enclosed is an amendment to the above-identified application.

CLAIMS AS AMENDED						
	Claims Remaining After Amendment	Highest Number Paid For	Number Extra Claims	Small Entity Rate	Large Entity Rate	FEE
Total Claims Fee	33	*61	0	x \$25.00	0 x \$50.00	-0-
Independent Claims	7	** 4	3	x \$100.00	3 x \$200.00	600.00
Multiple Dependent Claims ***				\$180.00	\$360.00	-0-
TOTAL FILING FEE						600.00
NO ADDITIONAL FEE REQUIRED	IF NO FEE REQUIRED, INSERT "0"					600.00
LIST INDEPENDENT CLAIMS: 11, 18, 20, 25, 34, 47, 49						
* IF HIGHEST NUMBER PREVIOUSLY PAID FOR IS 20 OR LESS, WRITE "20" IN COLUMN 3 ** IF HIGHEST NUMBER PREVIOUSLY PAID FOR IS 3 OR LESS, WRITE "3" IN COLUMN 3 *** PAY THIS FEE ONLY WHEN MULTIPLE DEPENDENT CLAIMS ARE ADDED FOR THE FIRST TIME						


Amendment Transmittal Letter
Application No. 10/066,982

X Attached is our check for \$\$600.00 to pay the fees calculated above.
 A Petition for Extension of Time and the required fee are enclosed.
 Other enclosures:

The Commissioner is hereby authorized to charge any fees under 37 CFR 1.16 and 1.17 which may be required by or to give effect to this paper to Deposit Account No. 03-1728. Please show our docket number with any charge or credit to our Deposit Account. **A copy of this letter is enclosed.**

Respectfully submitted,

CHRISTIE, PARKER & HALE, LLP

By 

Daniel M. Cavanagh
Reg. No. 41,661
626/795-9900

DMC/rmw